

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036115

4806

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED SEP 18 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 3 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) General Hospital		d. STREET ADDRESS (If outside, give location) 1326 Washington	
3. NAME OF DECEASED (Type or print) ROBERT KELLY FERGERTON		4. DATE OF DEATH Month August Day 29 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-8-1931
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tow Truck Driver		11. BIRTHPLACE (City and state or country) Warsaw, Missouri	
10b. KIND OF BUSINESS OR INDUSTRY A. C. Emerg. Serv.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Homer Ferguson		13b. MOTHER'S MAIDEN NAME Marie Heizman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Address OPAL FERGERTON 1326 WASHINGTON	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull for Pkts for both 4 arms: numerous abrasions entire body DUE TO (b) History & Dissection DUE TO (c) Wrecker trying to lift engine. Cabl caught in train pulled truck. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) History & Dissection PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		14. NAME OF HUSBAND OR WIFE Opal Ferguson	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT, SUICIDE, HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20c. TIME OF INJURY Hour 8-7-63 Month, Day, Year 8-7-63		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II. If not known, enter "Not known") Wrecker trying to lift engine. Cabl caught in train pulled truck.	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Wrecked	
20f. CITY, TOWN, OR LOCATION Kansas City Jackson Mo		20g. COUNTY Jackson	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Hugh H. Owens	
22b. ADDRESS 152 Union Station		22c. DATE SIGNED 8-30-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-1-63	
23c. NAME OF CEMETERY OR CREMATORY RIVERSIDE CEMETERY		23d. LOCATION (City, town, or county) Warsaw, Missouri	
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home		25. DATE RECD. BY LOCAL REG. 8-30-63	
26. REGISTRAR'S SIGNATURE Bessie Smith		27. ADDRESS Linwood & Woodland	

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

HUGH H. OWENS MEDICAL CERTIFICATION

DOCUMENT

DATE AMENDED

VS 300
Rev: 4/59

1

2 3118

3

4 0

5 1

6

7 0

8 2

9 9128

10 10

11 123

12 57-3

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James R. Phillips

Licensed Embalmer No. 4641

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.